

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Borman* *Tolbot* *Md.*Date of death *1906* *Feb. 21* *Wednesday* *Age 50* *Feb* *Wednesday*Sex *Woman* Color or Race *Colored* Birth-place *Borman Md.*Occupation *House keeping* Where Residing if not at place of death *Borman Md.*Married, Single or Widowed *Married* Name of Wife or Husband *Chas. H. Bailey*Father's Name *Loren Goldsbrough* Father's Birthplace Mother's Maiden Name *Harriet Goldsbrough* Mother's Birthplace Name of person giving information *Noah T. Bailey* How related to deceased *Cousin*

CAUSES OF DEATH

Primary *Kidney Failure* *(12)*How long

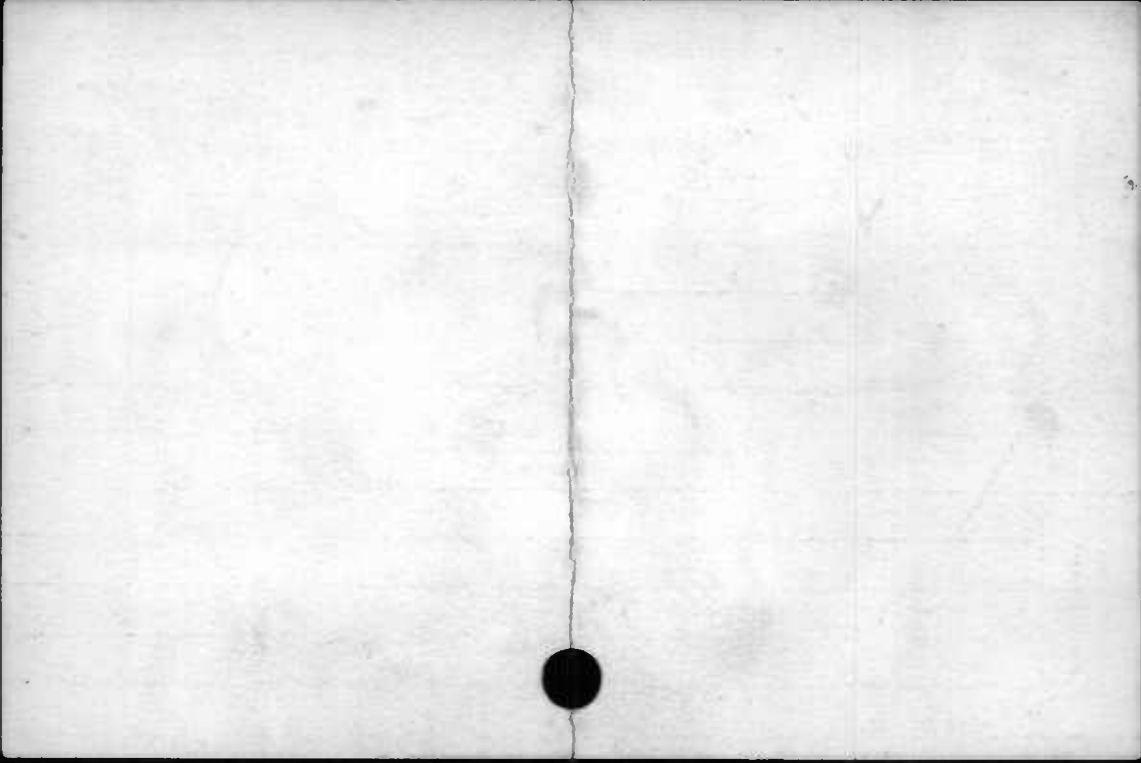
Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. B. Smith*Address *St. Michaels**Md.*

Accident or Suicide?



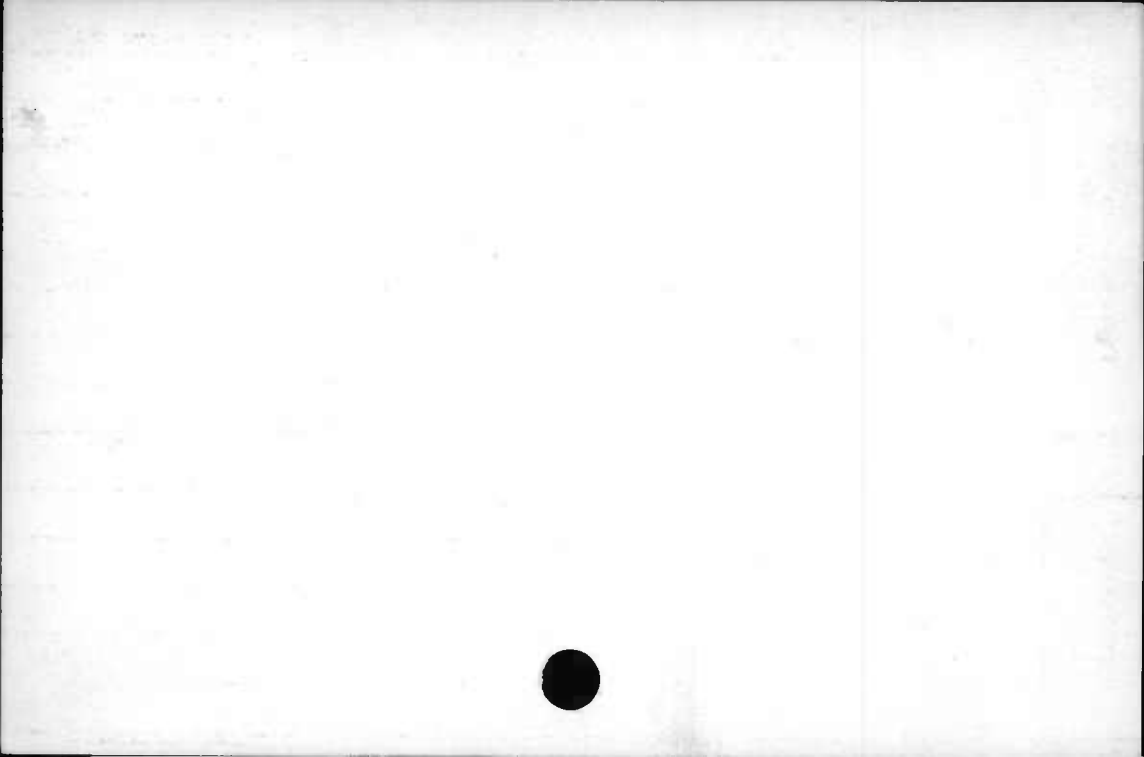
Name in Full		Neuritta Bartlett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Easton	County Talbot	MARYLAND		
		Date of death		1906	Month July	Day 5	Age 55	Months 9
		Sex		Female		Color or Race	White	
		Occupation		Homemaking		Birth-place	Talbot Co.	
		Where Residing if not at place of death		Easton Md				
		Married, Single or Widowed		Widow		Name of Wife Husband	Henry Bartlett	
		Father's Name		Richd McMahon		Father's Birthplace	Talbot Co	
Mother's Maiden Name		Frances McQuay		Mother's Birthplace	" "			
Name of person giving information		Miss Alta Bartlett		How related to deceased	Daughter			
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Phthisis		How long	Several years	
		Immediate		Hypertensive Pneumonia		How long	One week	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	P. L. Travis	
				Address		Easton, Md.		
Accident or Suicide?								

8. B.

1



Name in Full		Elizabeth Ann Carol				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Bruceville</i>		County <i>Talbot</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>7</i>	Day <i>6</i>	Age <i>25</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co. Md.</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Herbert Coolman Grazer</i>				
		Father's Name <i>Jeremiah Carol</i>		Father's Birthplace <i>Delaware</i>			
		Mother's Maiden Name <i>Anna Price</i>		Mother's Birthplace <i>Talbot Co. Md.</i>			
Name of person giving information <i>Geo A Coolman</i>		How related to deceased <i>Friend</i>					
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <i>Pulmonary Tuberculosis</i>		How long <i>6 months</i>			
		<i>Septic Pneumonia</i>		How long <i>2 days</i>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph A. Powell M.D.</i>			
		<i>Yes</i>		Address <i>Frederick, Talbot Co. Md.</i>			
		Accident or Suicide?					



Name
in
Full

Rosa Belle Carrow

CERTIFICATE OF DEATH

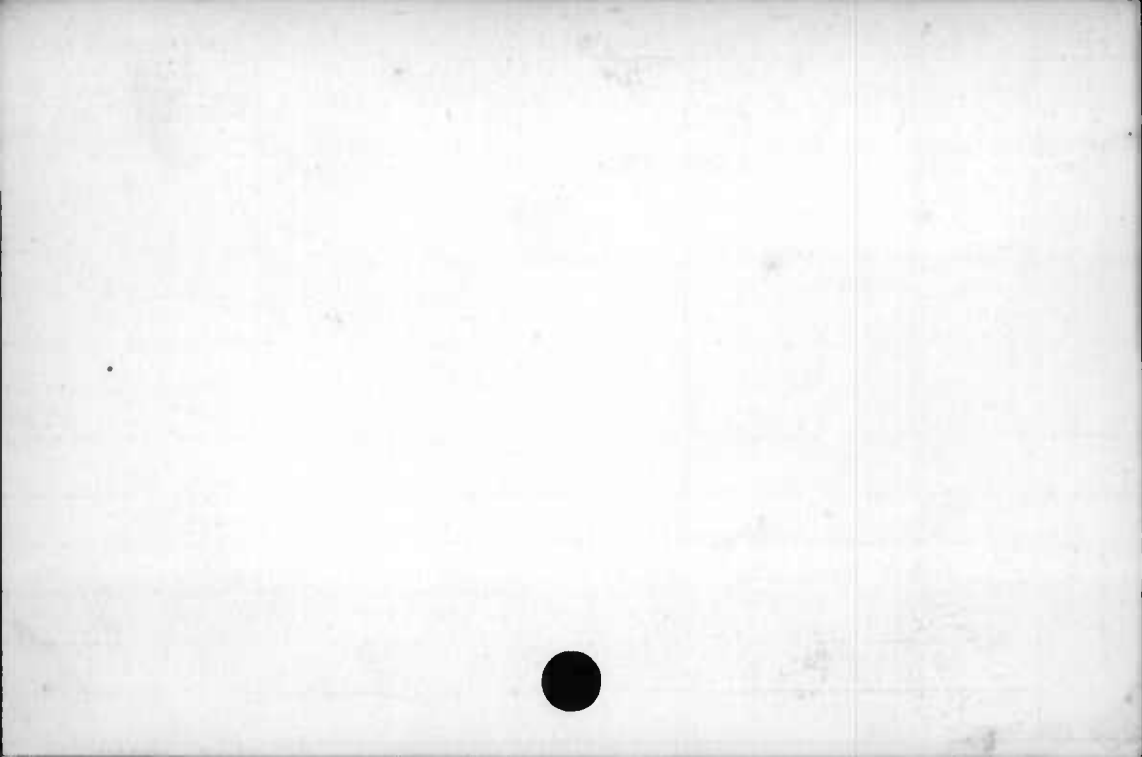
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cordova</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb</i>	Day <i>15</i>	Age <i>27</i> Years	Months <i>9</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Barclay Queen Ann Co</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Samuel David Carrow</i>					
Father's Name <i>Charles Wesley Starkey</i>			Father's Birthplace <i>Queen Ann Co</i>		
Mother's Maiden Name <i>Edna Nickerson</i>			Mother's Birthplace <i>Queen Ann Co</i>		
Name of person giving information <i>S. D. Carrow</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sci-Grippe</i>	<i>(10)</i>	How long <i>12 days</i>
Immediate <i>Pneumonitis</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Stelle M.D.</i>	
	Address <i>Cordova</i>	
	<i>Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Adele Copper

Town

County

MARYLAND

Died at Monroville

Tulloch

Date of death

1906

Month

Feb.

Day

21

Age

Years

4

Months

7

Days

22

Sex

Female

Color or
Race

col.

Birth-
place

Monroville

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Copper

Father's
Birthplace

Tulloch Co

Mother's
Maiden Name

Mary Thomas

Mother's
Birthplace

Baltimore

Name of person giving
Information

Mary Copper

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Enteric fever (1)

How long

3 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

A. B. Hayward

Address

Easton

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

23 June

Name
in
Full

CERTIFICATE OF DEATH

Fanny Copper

Town

County

MARYLAND

Died at

Monroville

Talbot

Date

Month

Day

Years

Months

Days

of death

1906

Feb

22

Age

1

8

10

Sex

Female

Color or
Race

Col.

Birth-
place

Monroville

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Copper

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Mary Thomas

Mother's
Birthplace

Balto

Name of person giving
Information

John Copper

How related
to deceased

Father

CAUSES OF DEATH

Primary

Malaria

How long

from birth

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W.B. Hayward
Caston

Accident or Suicide?

Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

179

23 remove

Name
in
Full

CERTIFICATE OF DEATH

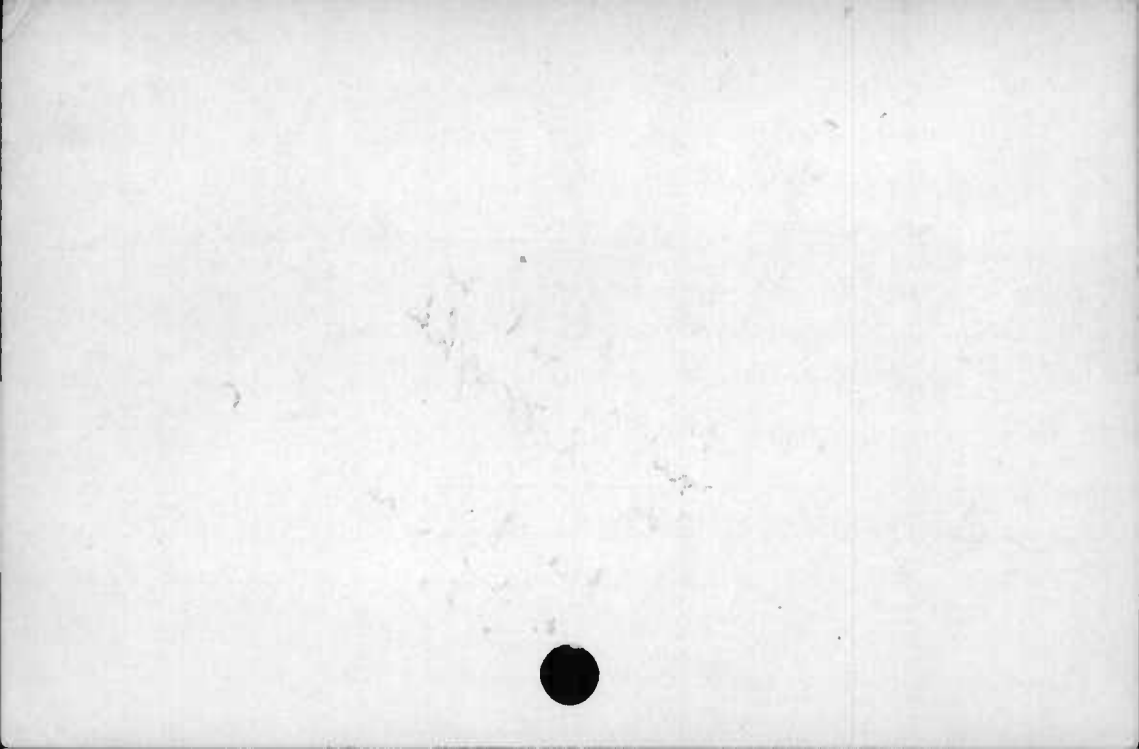
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Michaels</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>2</u>	Day <u>5</u>	Years <u>60</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Germany</u>		
Occupation <u>House work</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>widowed</u>		Name of ^{Widow} Husband <u>Geo Collins</u>			
Father's Name <u>Killian Pfister</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Katherine Siley</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Anna Collins</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of Stomach</u>	How long <u>2 yrs</u>
Immediate <u>Asthenia</u>	How long <u>(140)</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>St. Blaseock</u>
	Address <u>St Michaels Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Louise Davidson Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Easton

Town

Talbot

County

MARYLAND

Date
of death 1906

Month

Feb

Day

5

Age

Years

Months

10

Days

16

Sex

Female

Color or
Race

White

Birth-
place

Near Easton

Occupation

—

Where Residing if not
at place of death

Near Easton

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles W. Collins

Father's
Birthplace

Talbot Co.

Mother's
Maiden Name

Mary A. Collins

Mother's
Birthplace

Delaware

Name of person giving
In formation

Mary A. Collins

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Whooping Cough

How long

4 weeks

Immediate

Whooping Cough

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. M. H. Telemann M.D.
Easton Md

Accident or Suicide?

—

PHYSICIAN
OR CORONER

6 Matthew

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>	
		Date of death <u>1906</u> <small>Month</small> <u>2</u> <small>Day</small> <u>28</u> <small>Age</small> <u>42</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small>		MARYLAND	
		Sex <u>Female</u>		Color or Race <u>White</u>	
		Occupation <u>house</u>		Birth-place <u>Combs Co., Ind</u>	
		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>James H. Willers</u>	
		Father's Name <u>Cullomay</u>		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <u>James Willers</u>		How related to deceased <u>Son</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Bile's Dysentery</u>		How long <u>2 weeks</u>	
		Immediate <u>Heart Failure</u>		How long <u>1 hour</u>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>[Signature]</u>	
				Address <u>Easton</u>	
Accident or Suicide?					



Name
In
Full

Mrs Lydia Dobson

CERTIFICATE OF DEATH

MARYLAND

Died at Cedar Point - Talbot County

Date of death 1906 February 1st - Age 55 Months - Days -

Sex Female Color or Race White - Birth-place Delaware

Occupation Housewife Where Residing if not at place of death -

Married, Single or Widowed Married Name of Husband Jas. A. Dobson

Father's Name Robert - Hill Father's Birthplace -

Mother's Maiden Name Mother's Birthplace

Name of person giving information Jas. A. Dobson How related to deceased Husband

CAUSES OF DEATH

Primary Phthisis How long 18 mo

Immediate Hemorrhage How long few minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Julius A. Johnson

Address Easton - Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Daisy Fountain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

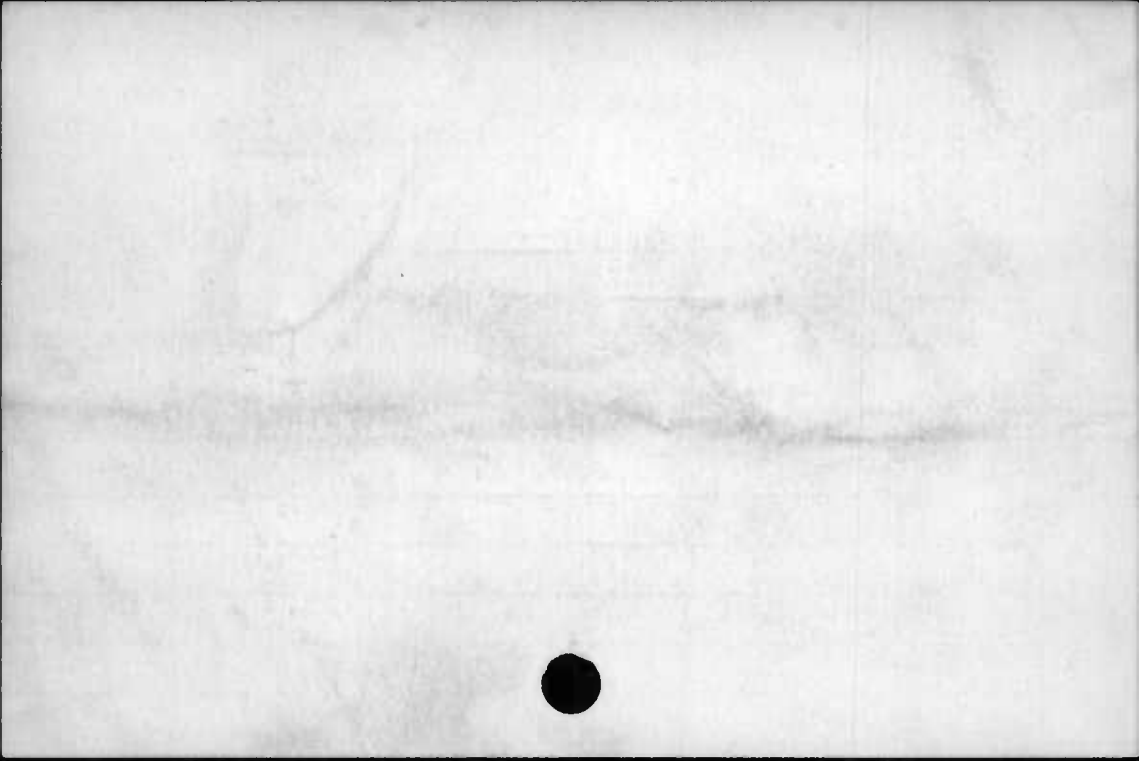
MARYLAND

Died at <u>Trappe</u> ^{Town}		<u>Talbot</u> ^{County}			
Date of death	<u>1906</u> ^{Year}	<u>Feb</u> ^{Month}	<u>13</u> ^{Day}	<u>22</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>African</u>	Birthplace	<u>Talbot Co.</u>
Occupation	<u>Servant</u>	Where Residing if not at place of death			
<u>Single</u> ^{Married, Single or Widowed}	Name of Wife or Husband				
Father's Name	<u>Isaac Fountain</u>			Father's Birthplace	<u>Talbot Co.</u>
Mother's Maiden Name	<u>Fannie Brown</u>			Mother's Birthplace	<u>Queen Anne's Co.</u>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Eclampsia</u>	How long	<u>1 day</u>
Immediate	<u>Conna</u>	How long	<u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. S. Seymour</u>
		Address	<u>Trappe</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

CERTIFICATE OF DEATH

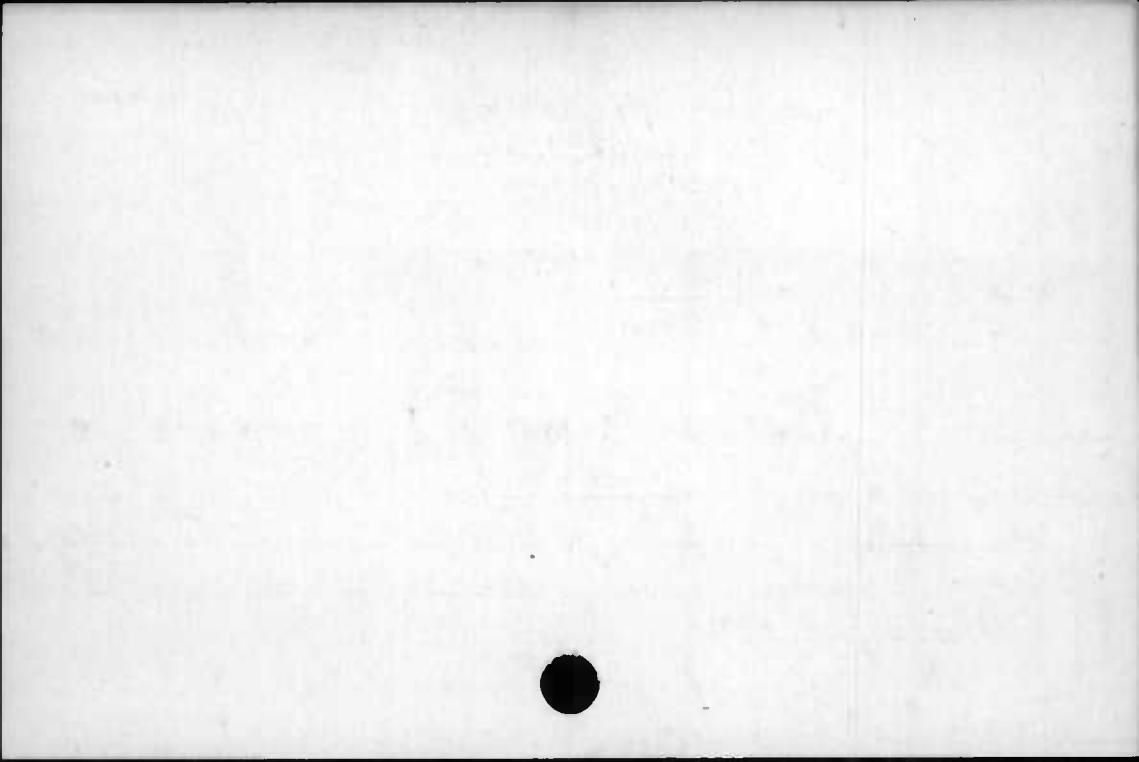
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near</u> ^{Town} <u>Capton</u> ^{County} <u>Talbot</u>		MARYLAND										
Date of death	1906	Month	Feb	Day	14	Years	Age	68	Months	X	Days	1
Sex	Male	Color or Race	Black	Birthplace	Lundmas							
Occupation	Farmer			Where Residing if not at place of death								
Married, Single or Widowed	Widower			Name of Wife or Husband	Mary A. Goole							
Father's Name	John Goole			Father's Birthplace	X							
Mother's Maiden Name	X			Mother's Birthplace	X							
Name of person giving information	John L. Goole			(79)	How related to deceased	Son						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart trouble (Mitral regurgitation)	How long	Not known
Immediate	Exhaustion	How long	2 wks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. J. Davidson
		Address	Edenton, N.C.
Accident or Suicide?			



Name
in
Full

Uvola. Guntz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

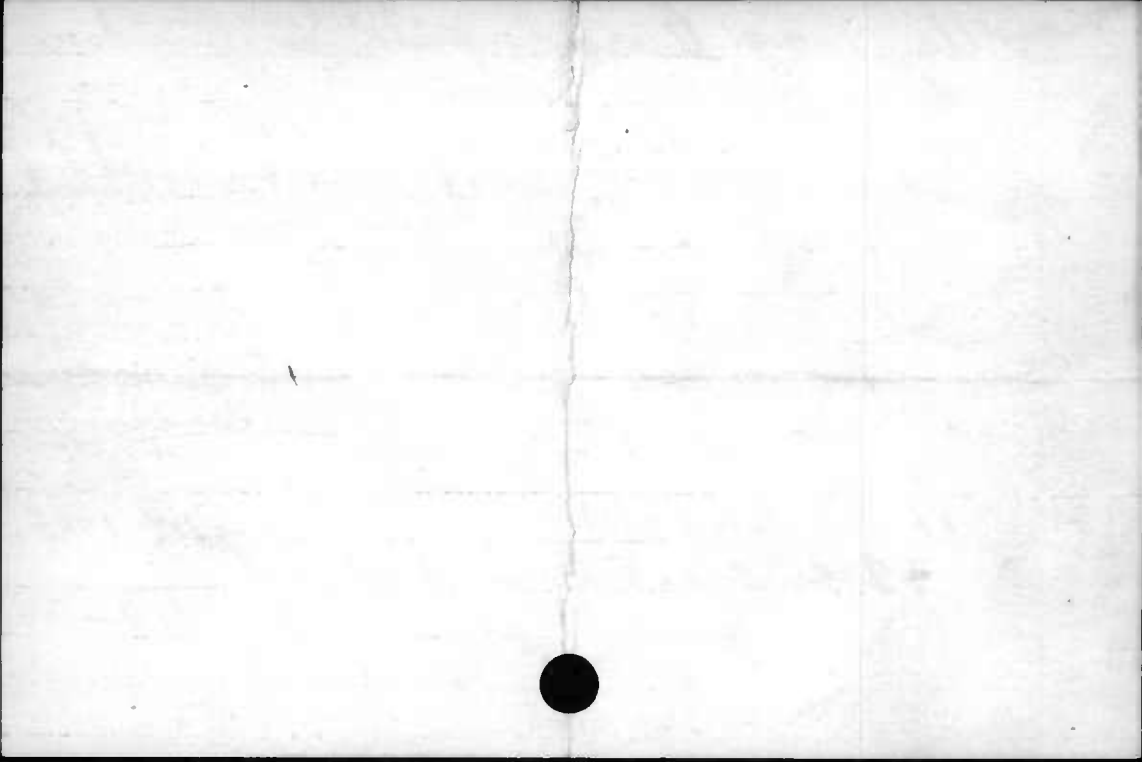
MARYLAND

Died at <u>Bellvue</u> ^{Town}		<u>Palbot</u> ^{County}			
Date of death	1906	Month	Feb.	Day	23
Age	3	Years	-	Months	-
Sex	Female	Color or Race	Negro	Birthplace	Bellvue
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Oscar Guntz			Father's Birthplace	Palbot Co.
Mother's Maiden Name	-			Mother's Birthplace	-
Name of person giving information	Oscar Guntz			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia with Whooping Cough	How long	100 days
Immediate	Convulsions	How long	4 or 5 hrs
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	James C. Tripper
		Address	Royal Oak Road
Accident or Suicide? <u>-</u>			



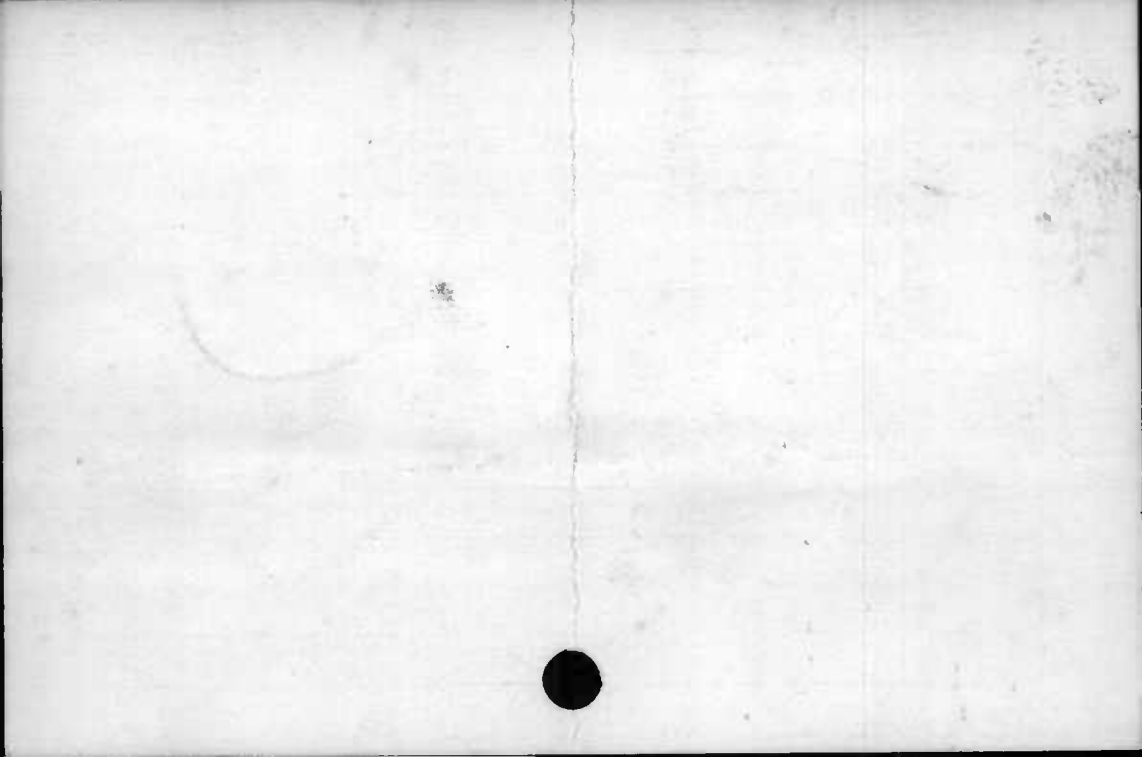
Name
in
FullEtta May Green or Hawkins (133 stone) **CERTIFICATE OF DEATH**TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Willoughby's</i>		Town <i>Salbot</i>		County		MARYLAND	
Date of death	1906	Month	2	Day	17	Years	Age 2
Sex	Girl	Color or Race	Colored		Months	4	Days
Occupation			Where Residing if not at place of death		Birthplace	Place of death	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Robt. Hawkins (Supposed to be)				Father's Birthplace	Queen Anne's Co.	
Mother's Maiden Name	Fannie Green				Mother's Birthplace	Queen Anne's Co.	
Name of person giving information	Cherley Claton				How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>ET had bronchitis on January 18th 1906</i>		How long	<i>18th 1906</i>
Immediate	<i>ET had not seen it since</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>Robley Hackett</i>
			Address	<i>Queen Anne's Co. Md.</i>
Accident or Suicide?				



Name
in
Full

Thos. H. Holiday


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>12</i>	Years <i>Age about 65</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birthplace <i>Virginia</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Do not know</i>			
Father's Name <i>Can not ascertain</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Can not ascertain</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Edward. Wright</i>			How related to deceased <i>not related</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>48 hours</i>
Immediate <i>Cardiac asthma</i>		How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. H. H. H. H.</i>	Address <i>St Michaels Md</i>
Accident or Suicide?		



Name
in
Full

Laurie Jackson

CERTIFICATE OF DEATH

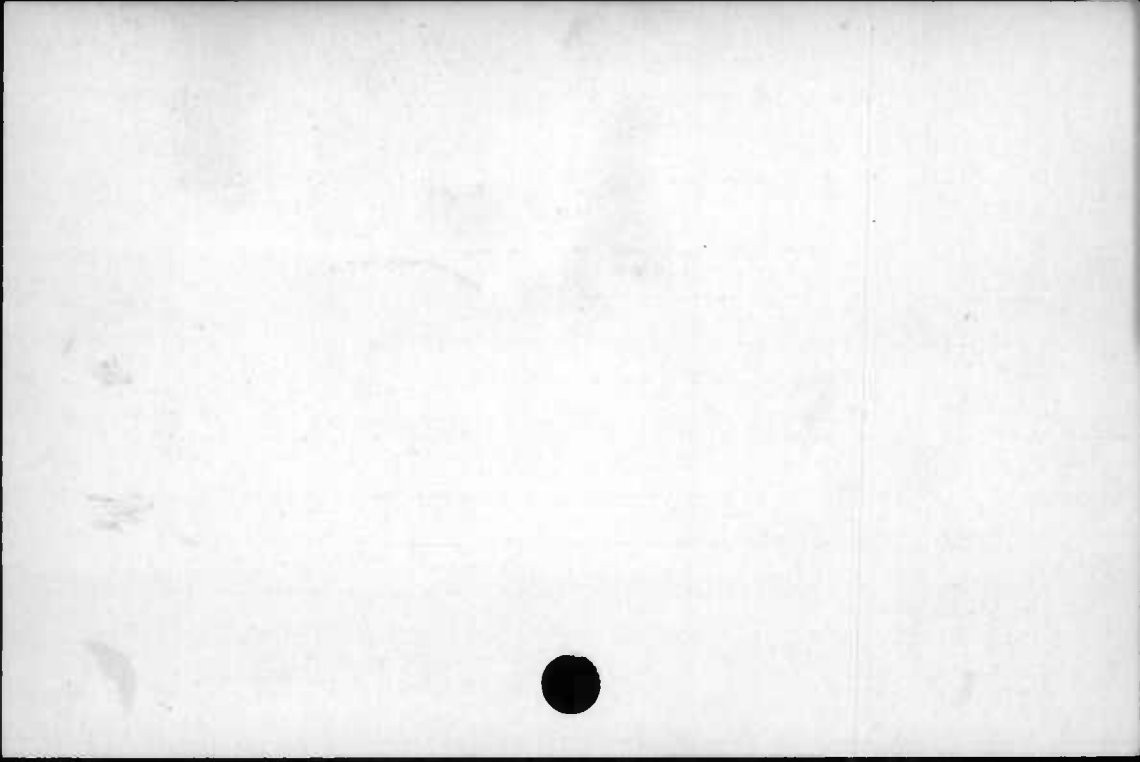
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Eaton		County		Tabor		MARYLAND	
Date of death		1906	Feb	1	Age	27	Months	7	Days
Sex		Female		Color or Race		Black		Birthplace	
Occupation		Housewife		Where Residing if not at place of death		Y			
Married, Single or Widowed		Single		Name of Wife or Husband		X			
Father's Name		John Fisher		Father's Birthplace		don't know			
Mother's Maiden Name		Susan Jackson		Mother's Birthplace		Hampden			
Name of person giving information		Susan Jackson		How related to deceased		Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arteriosclerosis of artery	How long	6 min
Immediate	Heart failure	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ida May Jackson*

Died at *Uniontown* ^{Town} *Calder* ^{County} *Pa* ^{MARYLAND}

Date of death *1906 Feb 9* ^{Month} *9* ^{Day} *9* ^{Age} *—* ^{Years} *—* ^{Months} *—* ^{Days} *—*

Sex *Female* ^{Color or Race} *Colored* ^{Birth-place} *Uniontown*

Occupation *—* ^{Where Residing if not at place of death} *—*

Married, Single or Widowed *—* ^{Name of Wife or Husband} *—*

Father's Name *Wm Henry Jackson* ^{Father's Birthplace} *Richmond Va.*

Mother's Maiden Name *Fannie Glover* ^{Mother's Birthplace} *Calder Co.*

Name of person giving information *Mother Wm Jackson* ^{How related to deceased} *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchitis* ^{How long} *one week*

Immediate *Pneumonia* ^{How long} *one week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *P. L. Travers*

Address *Easton Md.*

Accident or Suicide? *—*

11 Greenville

Name
in
Full

William Johnson

CERTIFICATE OF DEATH

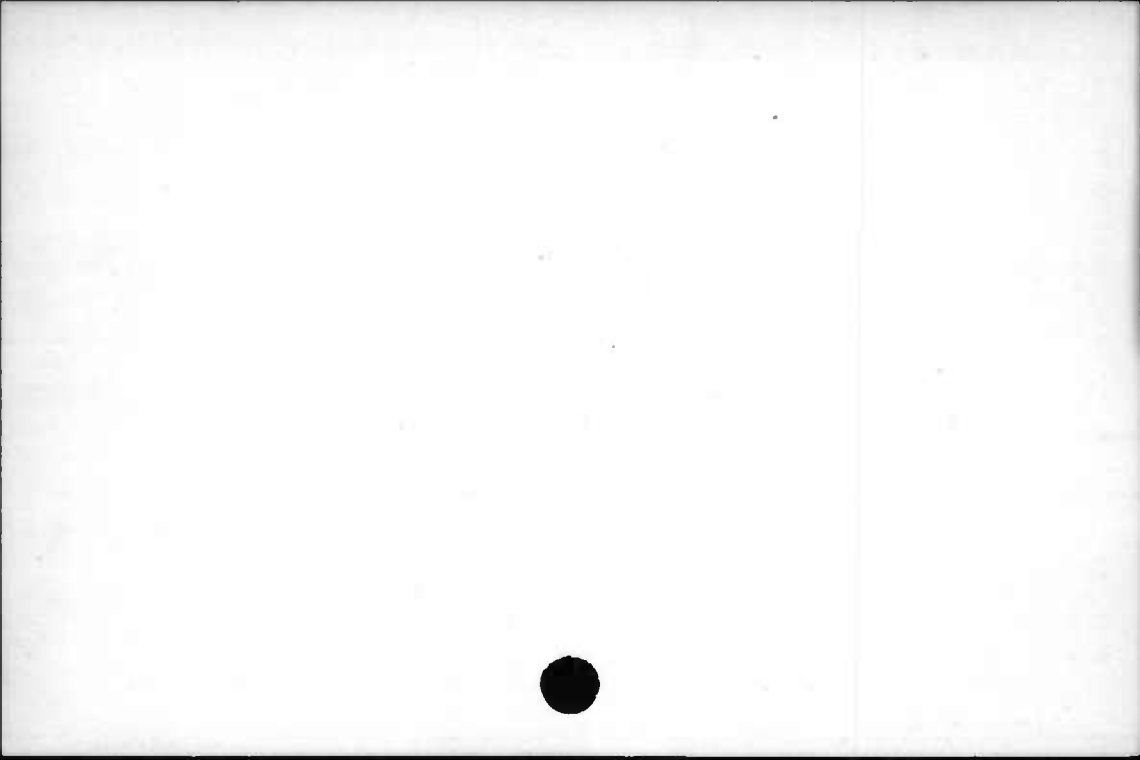
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb	10	46	46	2	4
Sex		Color or Race		Birthplace			
Male		Black		Willman			
Occupation				Where Residing if not at place of death			
Oysterman				- -			
Married, Single or Widowed		Name of Wife or Husband					
Single		- -					
Father's Name		Father's Birthplace					
Charles Johnson		Talbot Co					
Mother's Maiden Name		Mother's Birthplace					
Sarah Jones		Talbot					
Name of person giving information		How related to deceased					
Sarah Well		Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	six months
Immediate	-	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E P Sparks	
Funeral Director		Address	
No		St Michaels	
		Talbot Co Md	
Accident or Suicide?			
No			



Name
in
Full

Mary Rebecca Mantzgrage

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Easton ^{County} Talbot
 Date of death ^{Month} Feb ^{Day} 4 ^{Years} 69 ^{Months} 0 ^{Days} 0
 Sex Female Color or Race White Birthplace Talbot Co
 Occupation Housewife Where Residing if not at place of death 4
 Married, Single or Widowed Married Name of Wife or Husband John T Mantzgrage
 Father's Name John Porter Father's Birthplace Talbot
 Mother's Maiden Name Rebecca Pickering Mother's Birthplace Talbot Co
 Name of person giving information Hester R Gannon How related to deceased daughter

CAUSES OF DEATH

Primary Lung and Tuberculosis (26) How long 2 yrs
 Immediate Heart failure How long 24 hours

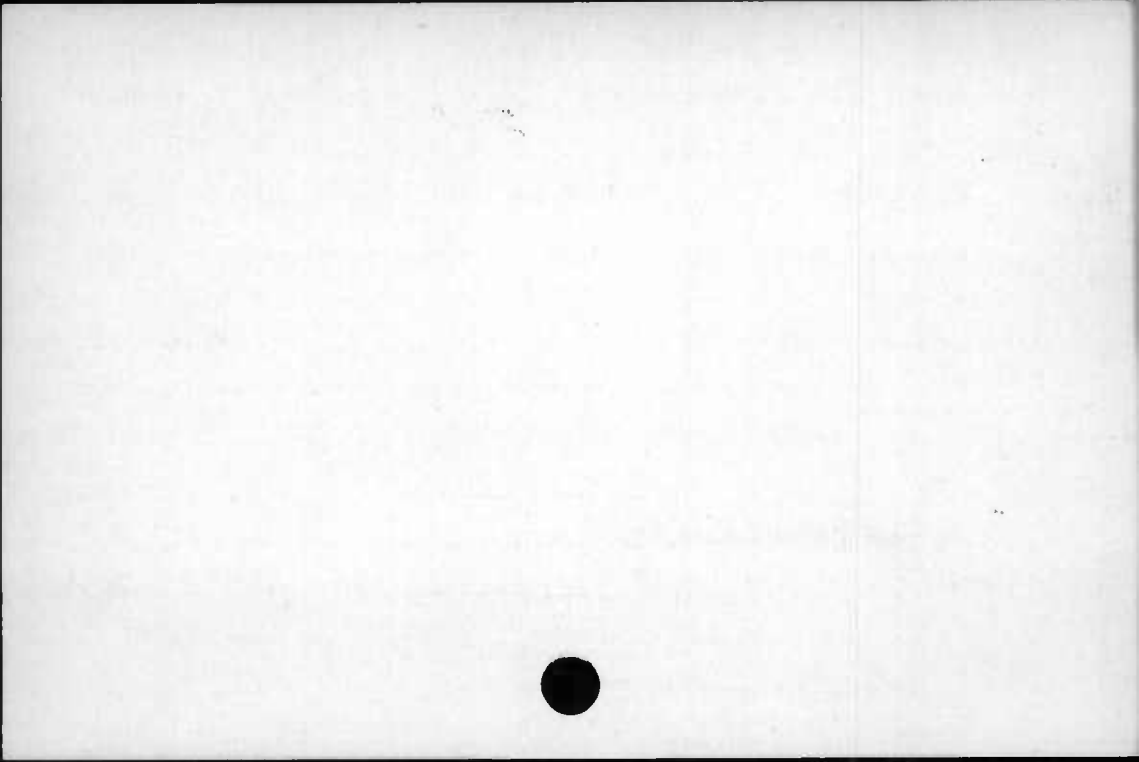
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas W. Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Easton		Talbot		County		MARYLAND	
Date of death		1906	Month	Feb.	Day	13	Age	Years	82
								Months	4
								Days	15-
Sex		Male		Color or Race		White		Birth-place	
								Cambridge, Md.	
Occupation		retired Physician				Where Residing If not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Sarah E. Galdeborough			
Father's Name		Hon William Bond Martin				Father's Birthplace			
						Morgan town W. Va.			
Mother's Maiden Name		Sarah F. Williams				Mother's Birthplace			
						Church Creek Md.			
Name of person giving information		John W. Martin				How related to deceased			
						Brother -			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Arterio sclerosis		How long	Several yrs.
	Cerebral Effusion - Hemiplegia		How long	4 wks.
Immediate				
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Chas. T. Anderson
			Address	Easton Md
Accident or Suicide?				

Feb 14th

82 x 6-9

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel M. Moore* *2/20/1906*

Died at *St Michaels* *Talbot*

Date of death *1906* *Feb* *17* Age *6* Months *4* Days *1*

Sex *Male* Color or Race *Black* Birth-place *Talbot Co*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *James Moore* Father's Birthplace *Talbot Co*

Mother's Maiden Name *Mary L. Gates* Mother's Birthplace *Talbot Co*

Name of person giving information *James Moore* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Thrush* *(100)* How long *2 months*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

H. D. St Michaels *Undertaker*
St Michaels

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St Michaels* Town *Fallston* CountyDate of death *1906* Month *July* Day *17* Age *—* Years Months *2* Days *17*Sex *Male* Color or Race *Black* Birth-place *St Michaels*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *R. Clayton Perry* Father's Birthplace *St Michaels*Mother's Maiden Name *Maudie Brooks* Mother's Birthplace *do*Name of person giving information *R. Clayton Perry* How related to deceased *Father*

CAUSES OF DEATH

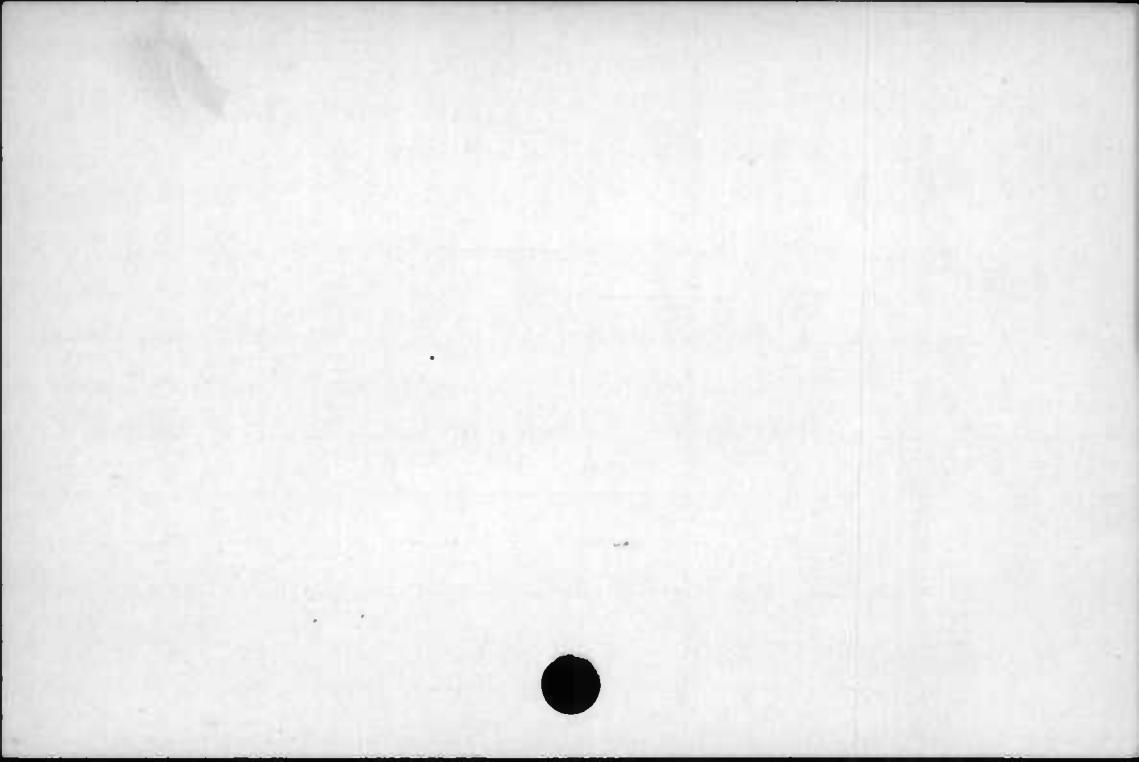
Primary *Miasma*How long *a few days*Immediate *Cramps*How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

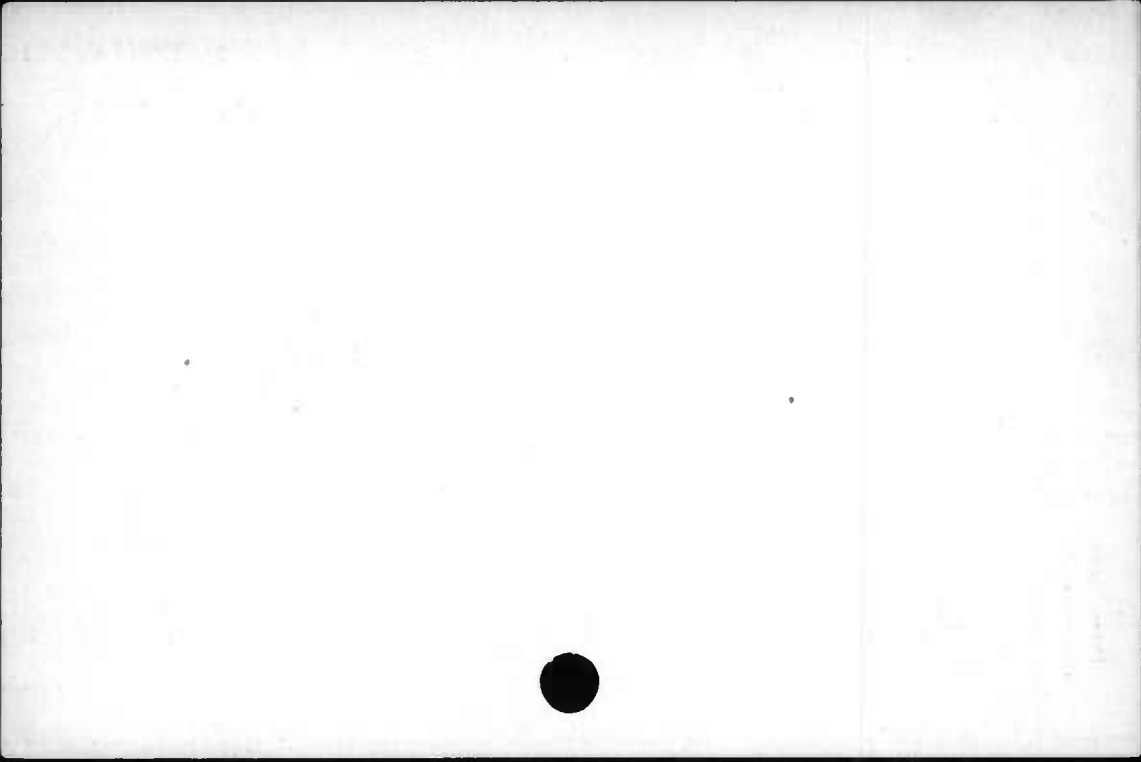
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Oxford</i>		County <i>Salisbury</i>		MARYLAND	
Date of death 1906	Month <i>Feb.</i>	Day <i>27</i>	Age	Years <i>83</i>	Months <i>8</i>	Days <i>18</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Caroline Co Md</i>				
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housekeeper</i>				
Name of Wife or Husband							
Father's Name <i>Pritchard</i>				Father's Birthplace <i>Caroline Co Md</i>			
Mother's Maiden Name <i>do not know</i>				Mother's Birthplace <i>do not know</i>			
Name of person giving in formation <i>Mrs John Hamilton</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Leptitis</i>	How long <i>Three months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Stevens</i>
	Address <i>Oxford</i>
Accident or Suicide? <i>no</i>	



Name in Full		Alice Raison				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Easton		Town		County
			Jacob				
	Date of death		1906	July	Day	21	Age
						Years	43
						Months	12
						Days	21
	Sex		Female		Color or Race		Colored
	Occupation		Housekeeper		Where Residing if not at place of death		Easton - Port St
Married, Single or Widowed		Married		Name of Wife or Husband		George C. Raison	
Father's Name		John Jenkins		Father's Birthplace		Jacob Co	
Mother's Maiden Name		Elizabeth Skinner		Mother's Birthplace		Jacob Co	
Name of person giving information		Geo C Raison		How related to deceased		Wife	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Apoplexy		How long		17 das.
	Immediate		Exhaustion		How long		12 hrs.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. O'Quinn Wilson M.D.
					Address		Easton Md
	Accident or Suicide?						

July 25- Eastern

Name
in
Full

Mollie Seymour

CERTIFICATE OF DEATH

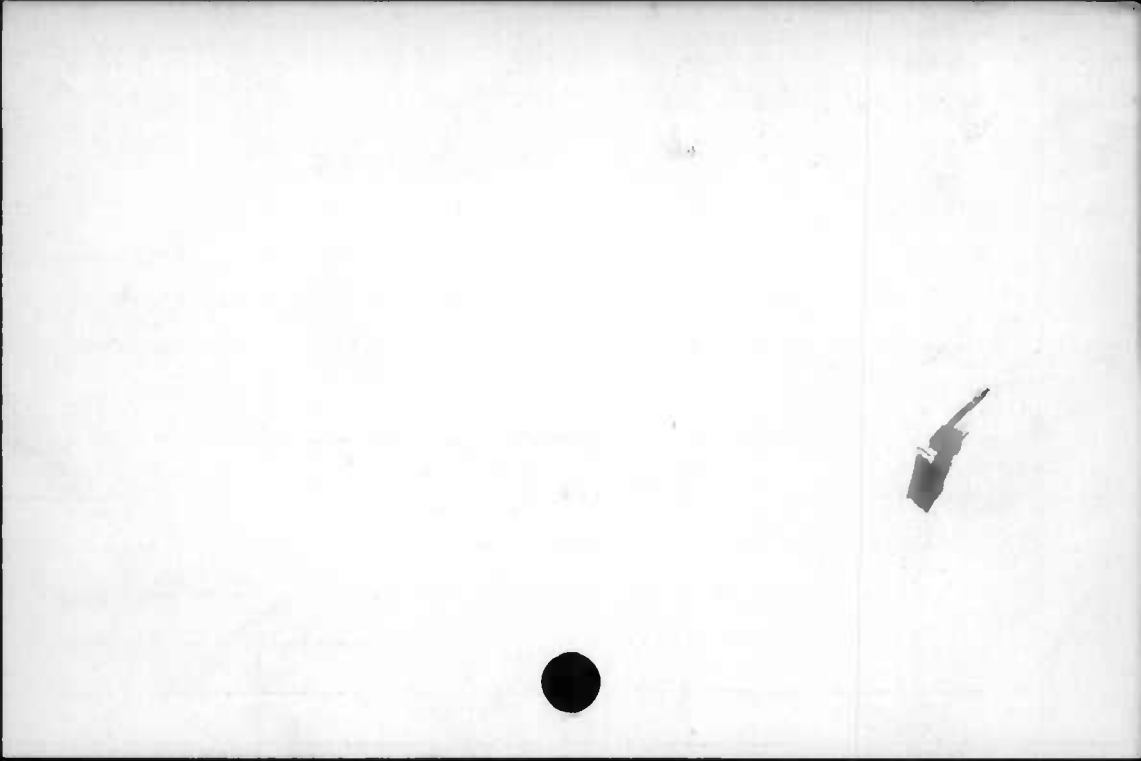
TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near</u>		Town <u>Trappe</u>		County <u>Talbot</u>		MARYLAND	
Date of death 190 <u>6</u>	Month <u>7</u>	Day <u>10</u>	Age	Years <u>40</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Talbot Co, Md</u>				
Married, Single or Widowed <u>Married</u>			Occupation <u></u>				
Name of Wife Husband <u>Edward Seymour</u>							
Father's Name <u>Nicholas Briscoe</u>				Father's Birthplace <u>Talbot Co Md</u>			
Mother's Maiden Name <u>Charlotte Elizabeth Brice</u>				Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>Nicholas Briscoe</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Apoplexy</u>	How long	<u>(64)</u>
Immediate	<u>Apoplexy</u>	How long	<u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Joseph A Ross MD</u>	
<u>yes</u>		Address <u>Trappe, Talbot Co, Md</u>	
Accident or Suicide? <u></u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Trappe

Town

County

Talbot

MARYLAND

Date

of death 1906

Month

Feb.

Day

2

Age

Years

Months

Days

3

Sex

male

Color or
Race

white

Birth-
place

Talbot Co.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Harvey S. Slaughter

Father's
Birthplace

Talbot Co.

Mother's
Maiden Name

Ellen J. Harner

Mother's
Birthplace

Talbot Co.

Name of person giving
information

Harvey S. Slaughter

How related
to deceased

father

CAUSES OF DEATH

Primary

Kernophobia

How long

2 1/2 days

Immediate

Exhaustion

How long

12 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

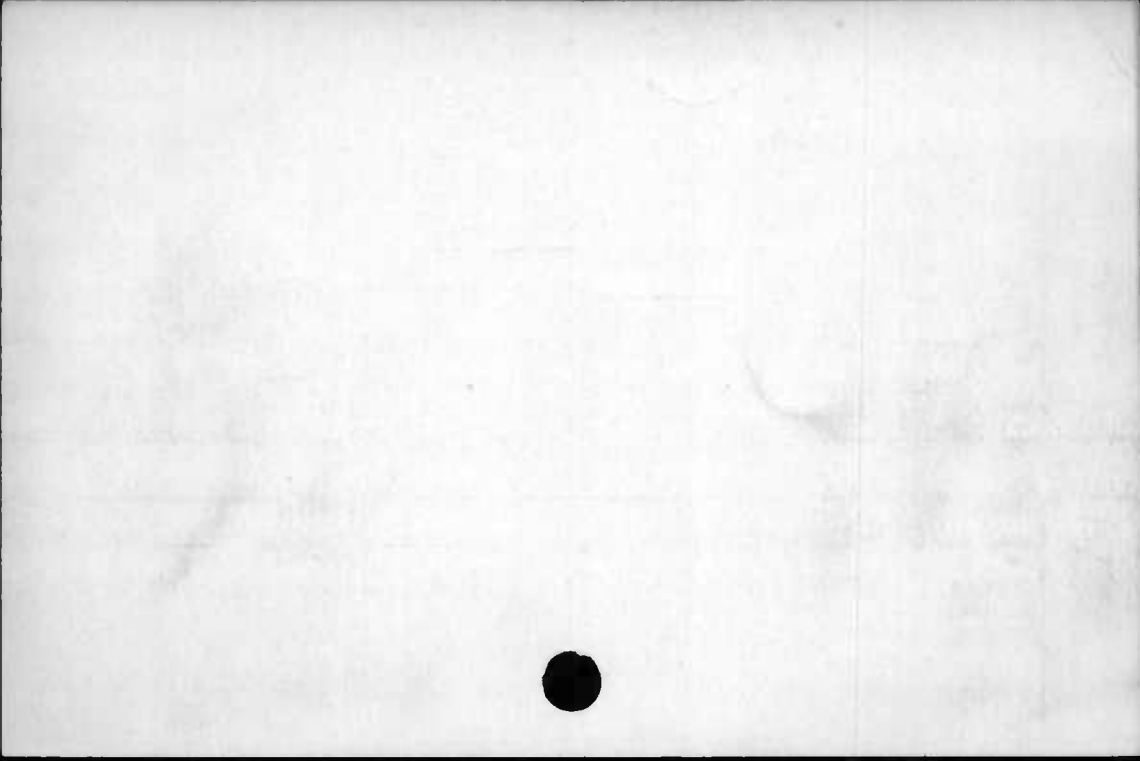
Signature of
Physician

Address

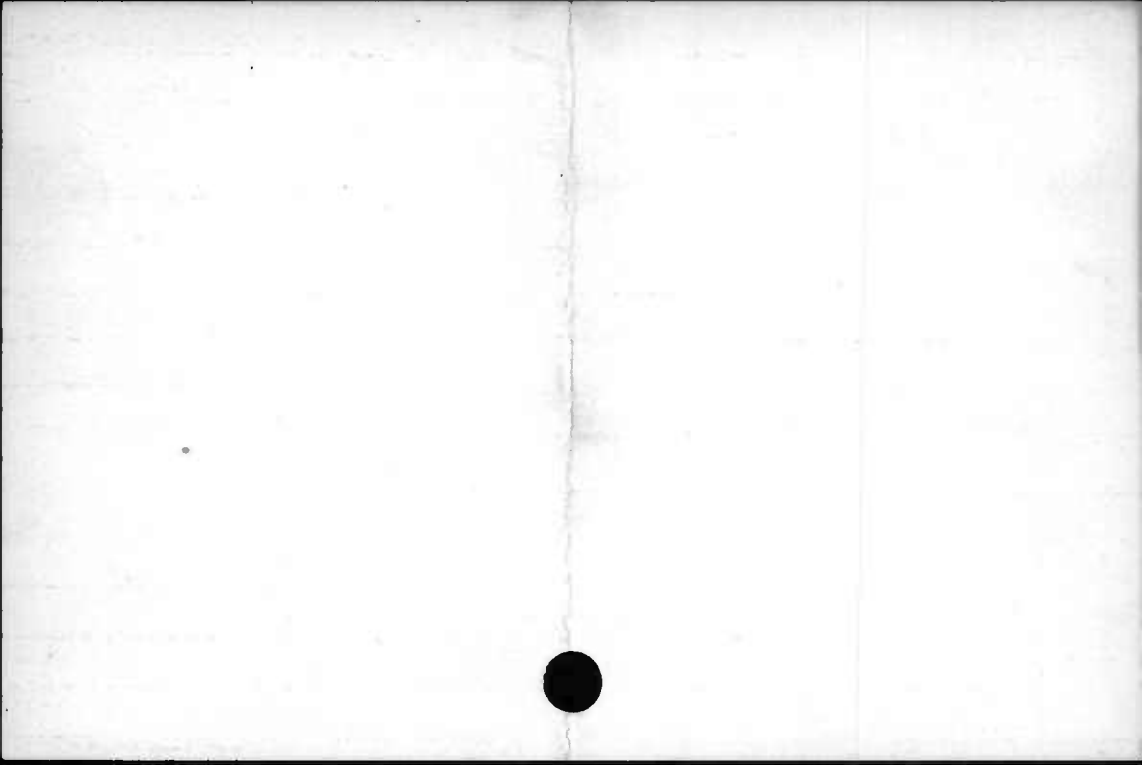
Dr. S. Seymour

Trappe

Accident or Suicide?



Name in Full E. Josephine Smith		CERTIFICATE OF DEATH	
Died at Me. Daniel ^{Town}		Talbot ^{County}	
Date of death 1906 Feb. 5		Age 67	Months 6 Days 13
Sex Female		Color or Race White	Birthplace Witterman
Occupation		Where Residing if not at place of death William	
Married, Single or Widowed Widowed		Name of Wife or Husband Mr. H. Smith	
Father's Name William Cooper		Father's Birthplace Witterman	
Mother's Maiden Name Eme A Fairbank		Mother's Birthplace Witterman	
Name of person giving information Arthur W. Cooper		How related to deceased Sister	
CAUSES OF DEATH			
Primary Consumption		How long 27	
Immediate Hemorrhage from lungs		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. J. B. Smith	
		Address Dr. McCharles	
Accident or Suicide? No		Yes	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

St Michaels

Town

Talbot

County

Date

of death 190

Month

2

Day

10

Age

Years

Months

Days

Sex

male

Color or
Race

black

Birth-
place

St Michaels

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James Smith

Father's
Birthplace

Michigan Co

Mother's
Maiden Name

Mary Rogers

Mother's
Birthplace

St Michaels

Name of person giving
In formation

James Smith

How related
to deceased

Father

CAUSES OF DEATH

Primary

Stomach trouble

How long

some bits

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. E. Willey
Undertaker J. P.
St Michaels

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

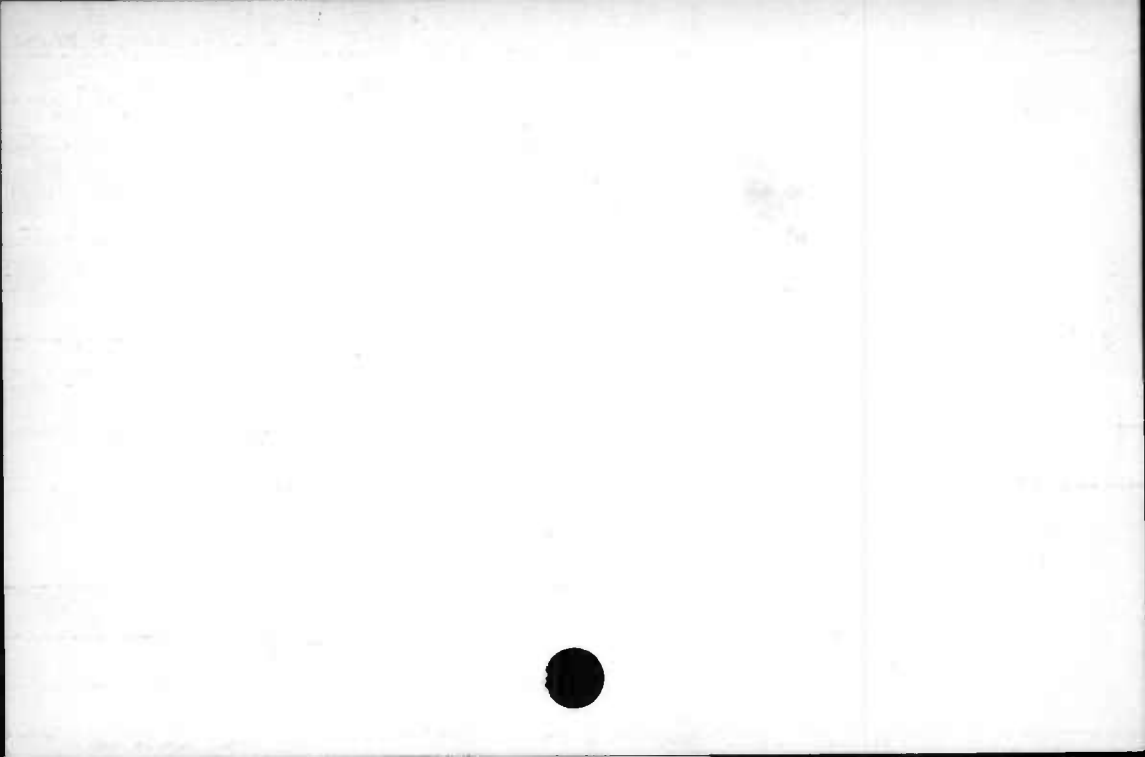
MARYLAND

Died at		Town <i>Barber</i>		County <i>Patton Co</i>	
Date of death	1906	Month <i>2</i>	Day <i>12</i>	Age Years —	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Patton Co. Md</i>		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>Jas. P. Stewart</i>		Father's Birthplace <i>Patton Co. Md</i>			
Mother's Maiden Name <i>Josephine Virginia Ewing</i>		Mother's Birthplace <i>Patton Co. Md</i>			
Name of person giving information <i>Jas. P. Stewart</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Congestion</i>	How long	<i>64</i> hours
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joseph A. Ross M.D.</i>	
		Address <i>Superior, Patton Co., Md</i>	
Accident or Suicide? —			



Name
in
Full

Edith Knight Swardy-

CERTIFICATE OF DEATH

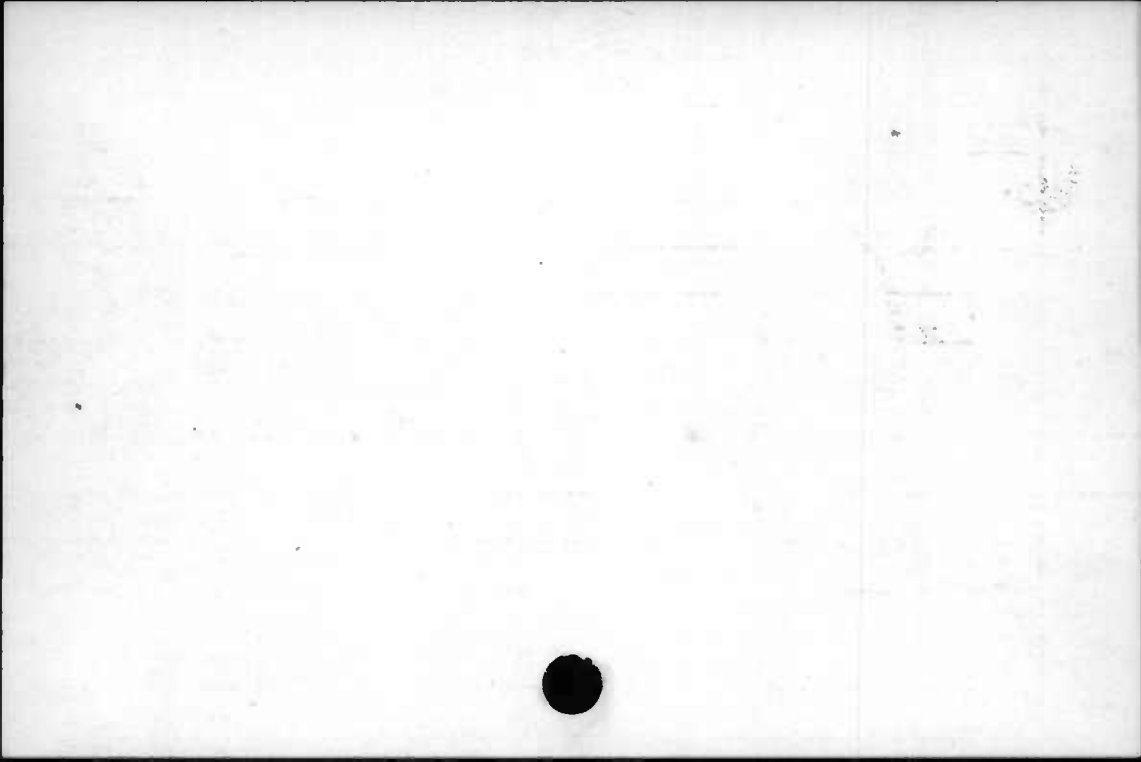
TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Easton</u> ^{Town}			<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>Febr.</u>	Day <u>15</u>	Age <u>2</u>	Months <u>5</u>	Days <u>15</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Near Easton Md</u>			
Occupation <u>Baby</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>				
Father's Name <u>John B. Swardy-</u>				Father's Birthplace <u>Penn.</u>		
Mother's Maiden Name <u>Laura Harrison</u>				Mother's Birthplace <u>Md</u>		
Name of person giving information <u>John B Swardy-</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Nephritis</u>	How long <u>one wk.</u>
Immediate <u>Comea (Exhaustion)</u>	How long <u>12 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas F. Dandam</u>
	Address <u>[Redacted]</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Tilghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Euston</u> Town		<u>Talbot</u> County			
Date of death	1906	Month	2	Day	21
Sex	Female	Color or Race	Black	Years	—
Occupation	—		Birth-place	<u>Euston, Md</u>	
Where Residing if not at place of death			—		
Married, Single or Widowed			—		
Name of Wife or Husband			—		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		
<u>Hennetta Tilghman</u>			<u>Md</u>		
<u>Joseph S. Tilghman</u>			<u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia - lived a few weeks</u>	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>J. D. Harris</u>	
		Address	
		<u>Euston</u>	
Accident or Suicide?			



Name
in
Full

Henrietta Waters

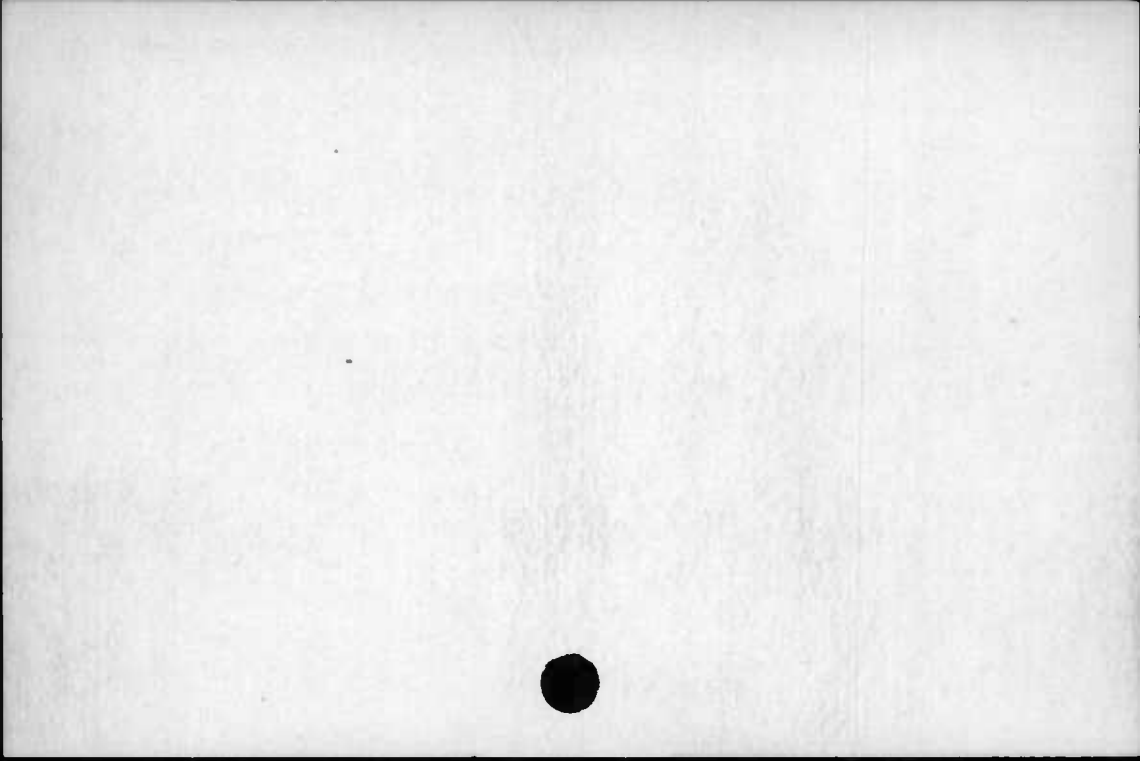
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Talbot		MARYLAND	
Date of death		1906	Month Feb	Day 28	Age Years 20	Months 0	Days 0
Sex Female		Color or Race Black		Birth- place Md			
Occupation Housewife		Where Residing If not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Allen Waters					
Father's Name Joseph Gooby		Father's Birthplace Md					
Mother's Maiden Name Mary E. Roberts		Mother's Birthplace Md					
Name of person giving In formation James Gooby		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Consumption (2)	How long	1 year
	Immediate	Same	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Accident or Suicide?		Address John Fautsch Suburban Easton	



Name
in
Full

Sophia Watters

CERTIFICATE OF DEATH

Died at ^{Town} Wittman^{County} Talbot

MARYLAND

Date of death 1906 ^{Month} Feb ^{Day} 19 ^{Age} 66 ^{Years}^{Months} 4 ^{Days} 4Sex Female ^{Color or Race} Black^{Birthplace} Harford Co^{Occupation} house wife^{Where Residing if not at place of death} Wittman~~Maiden~~ Single or Widowed Wyden^{Name of Wife or Husband} Charles Watters^{Father's Name} Solomon Williams^{Father's Birthplace} Harford^{Mother's Maiden Name} Mary York^{Mother's Birthplace} Harford^{Name of person giving information} Malinda Colwell^{How related to deceased} Daughter

CAUSES OF DEATH

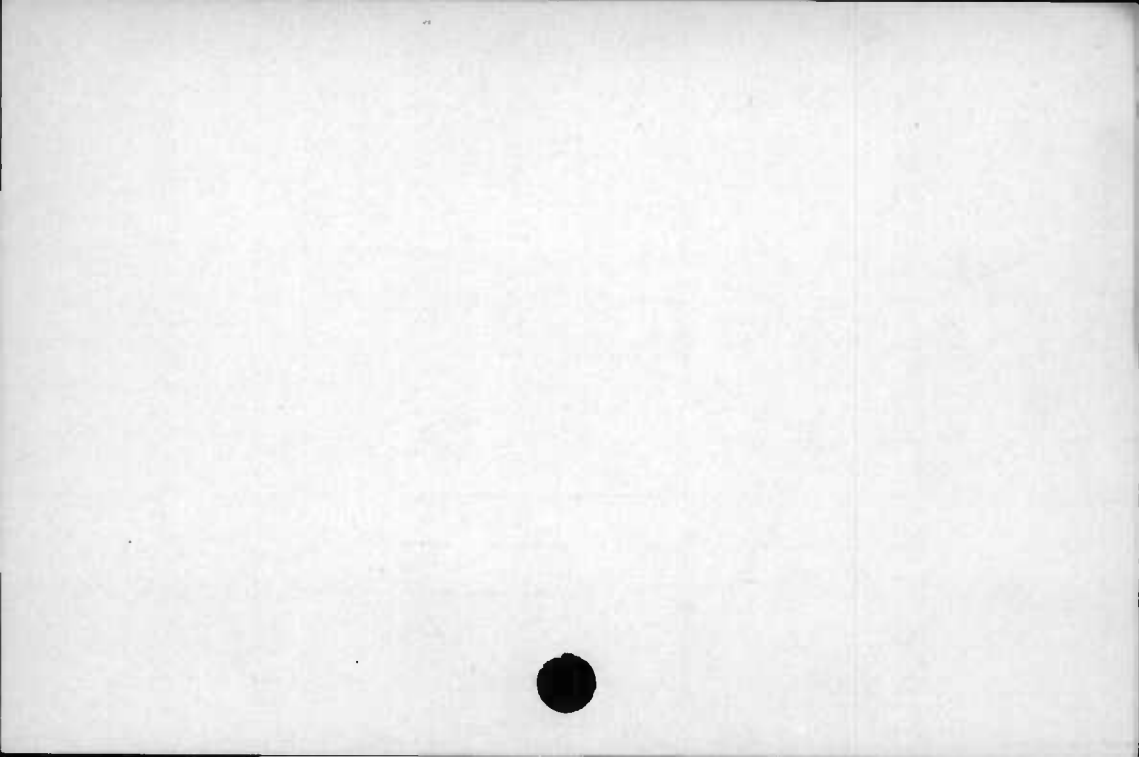
^{Primary} Chronic Rheumatism^{How long} Six years^{Immediate} Paralysis^{How long} 66

Are the name, age, sex, color, date and place correctly given above? Yes

^{Signature of Physician} C P Sparks^{Address} St Michaels

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Anytown</i> ^{Town}		<i>Salmon</i> ^{County}		MARYLAND		
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>12</i>	Age <i>0</i>	Years <i>0</i>	Months <i>10</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Ind</i>			
Occupation <i>None</i>			Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>				
Father's Name <i>Walter H. Wilson</i>			Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Nettie Roberts</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Walter H. Wilson</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. R. Riffe</i>
	Address <i>Easton</i>
Accident or Suicide?	



Name in Full		Frances Belle Wood				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Easton		Tollot		MARYLAND
	Date of death		1906	Month	Feb.	Day	8
	Sex		Female		Age		Years 0
	Occupation		Baby		Color or Race		White
	Married, Single or Widowed		—		Where Residing if not at place of death		Easton, Md.
	Father's Name		Jm J. Wood		Father's Birthplace		Md
	Mother's Maiden Name		Martha Horner		Mother's Birthplace		Md
Name of person giving information		Jm J. Wood		How related to deceased		Father	(109)
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Memor bag from Bowels		How long		2 days
	Immediate		Exhaustion		How long		—
	Are the name, age, sex, color, date and place correctly given above?		y e		Signature of Physician		Chas. J. Wanders
	Accident or Suicide?		—		Address		Easton Md

3.6

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Lexington

Town

Talbot

County

Date

of death

1906 Feb

Month

Day

19

Age

Years

Months

Days

20

Sex

Male

Color or
Race

White

Birth-
place

Lexington Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph K. Hookers

Father's
Birthplace

Md

Mother's
Maiden Name

Sally Fanchner

Mother's
Birthplace

Md

Name of person giving
Information

Clara Hillis

How related
to deceased

No relation

CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

Two days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

J. L. Ford
Cordova
Md

Accident or Suicide?

PHYSICIAN
OR CORONER

Sanitary over.

